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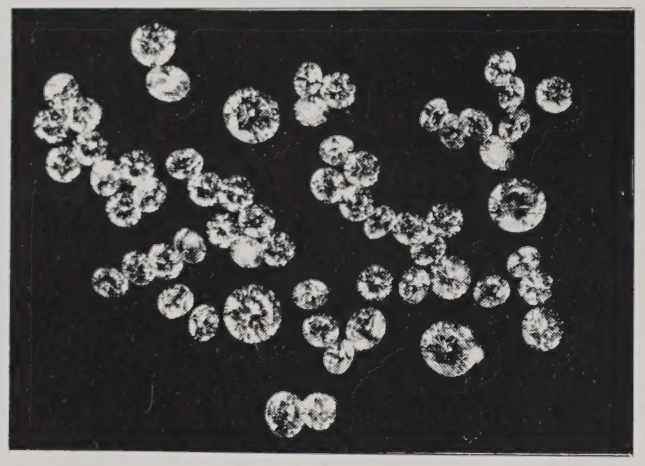

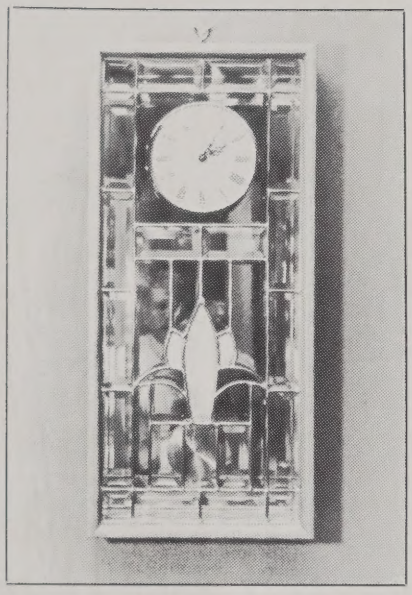

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THE HAMPDEN HIPPOCRAT

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JUNE—JULY 1987

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THE HAMPDEN HIPPOCRAT

CONTENTS

JUNE—JULY 1987

VOLUME XXXXIII NO. 4

The official bulletin for The Hampden District of the Massachusetts Medical Society. Founded in 1942 by Edward P. Bagg, Jr., M.D. and William A. R. Chapin, M.D.

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IN THIS ISSUE

HDMS President's Message	6
"A Farewell	8
OBRA, Son of COBRA, Grandson of TEFRA	10
Report of 1987 Annual Meeting	13
Around Hampden	14
II. Pride in Medicine	15
Million Dollar Vacation	16
Thank You	18
Medical Ethics Forum	18
Welcome New Members	19
Community Involvement:	21

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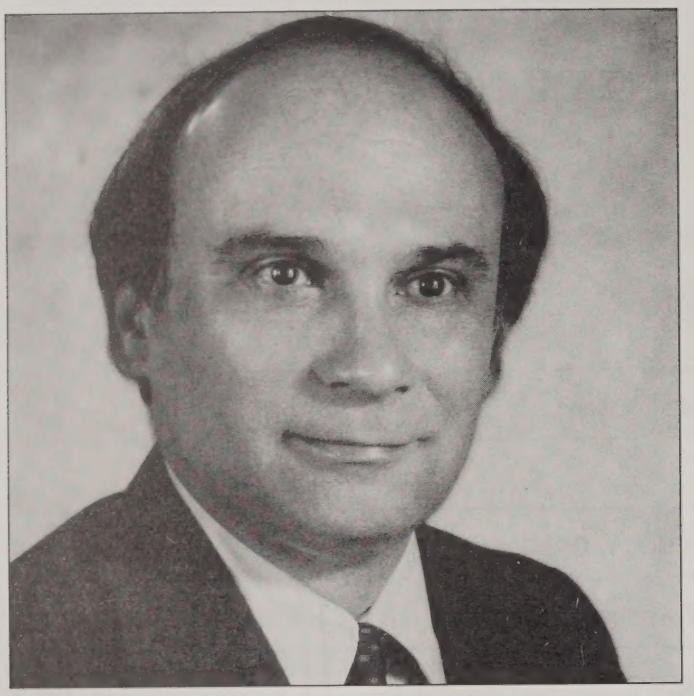
HDMS President's Message

Jack Anderson Move Over!



Gregory A. Slachta, M.D., President

Since our last issue, so many interesting things have occured that I don't know where to begin. Let me try to enumerate some of them to bring you up to date.

Blue Shield is still a major issue with efforts to obtain non-participation reimbursement legislation going full steam ahead. John Larkin Thompson had agreed to support a non-participation agreement with clarifications that we believe we can support. However, when testimony was given last month at the Statehouse in Boston to the Joint House and Senate Insurance Committee, Mr. Thompson and the AFL/CIO spoke vehemently against the bill. The leader of the International brotherhood of Electrical Workers (I.B.E.W.) felt that it should be resolved between Blue Shield and the doctors and that if we couldn't agree to a contract we should strike, since it is a basic American right to strike. Right on! You Boston College Alumni should take note that the University was represented by a Mr. Burke who spoke against non-participation reimbursement legislation.

In the legislature we did much better. The bill S490 written by Senator Melconian was passed by the committee by a vote of 9 for; 7 against and one abstention. It was almost lost with a tie 8-8 vote when Senator David Locke (R-Wellesley) voted in favor of the bill making it the first vote he has ever cast on a committee in his illustrious legislative career. A special thank you to him. It has a ways to go but it was a major accomplishment. All save one Western Massachusetts legislator voted in favor of the bill. She is from Hampshire County and has strong union ties. Thank you to Representatives Walsh and Howarth and Senator Melconian on the committee. As well to Representatives Holland and Catjakis who have lobbied hard behind the scenes. No one however has worked harder for the community on this legislation than Senator Melconian. She deserves a special, special thank you.

John Larkin Thompson spoke at Rotary in May and presented the Blue Shield party line on the reimbursement for malpractice, physician glut and support of regulated competition. (Us regulated; him competing) Fortunately, I had the opportunity to speak the following week and clarify some of the disinformation presented.

A new angle that has just occured is the Attorney General's Office's Civil investigatory Demands for documents and interrogatories on the Blue Shield resignations. It is my understanding, from reliable statehouse sources, that Mr. Shannon's health advisor is the wife of Richard Rogan the Vice-President of Blue Shield in charge of putting this situation to rest. Interesting?

I was invited to meet with Secretary of Consumer Affairs Paula Gold re: non-participating legislation. I presented a Western Massachusetts perspective of the health care crisis that is unfolding. Blue Shield does not appear to have a friend in the Governor's office but the AFL/CIO does with the Governor seeking the union support nationally in his presidential run. The Governor is opposed to the legislation. That should be of no surprise.

What should be a surprise is that he is against mandatory Medicaid participation at this time. With the participating numbers being manipulated, an attempt was made to pass Senator Ed Burke's (the other Burke) bill on mandatory participation in Medicaid. It was sent back to study on 10-3 vote. There is no question this would be a bad bill and have significant negative impact in the Commonwealth.

Additionally, Dr. Robert Berger won his suit filed by the Massachusetts Commission Against Discrimination (MCAD) against him last year. We felt this was a politically motivated suit and this was born out.

On the national level we had a victory of sorts when Rep. Brian Donnelly of Boston attached a mandatory assignment of Medicare the National Catastrophic Health Insurance Bill on the Health Care sub-committee of the Ways and Means Committee of the House. Through intense lobbying locally the attachment was changed to the catastrophic component only. At full committee of Ways and Means it was defeated in any form. I will be going to Washington soon and meeting with Mr. Donnelly's aide to give him a Western Massachusetts perspective.

Vermont and Connecticut have enacted mandatory assignment to Medicare legislation. Both, however, have means testing. Neither is attached to licensure. New Jersey and Maryland defeated attempts for mandatory assignment with a substantial rebuke of the concept.

On the concurrent Resolutions 30 and 15 in the U.S. House

continued

and Senate, against implementing DRG's for physicians, we have had substantial success. Over half of the House has signed on the Concurrent Resolution 30 including Reps. Nicholas Mavroules and Joseph Moakley. In addition, one-third of the Senate has signed on to Concurrent Resolution 15 including Senator John Kerry. New England support for these resolutions has been limited and I would ask you to take the time to write to Senator Kerry and thank him. A simple thank you for supporting Concurrent Resolution 15 is sufficient.

The physician exodus continues with prominent practitioners heading to greener pastures. Is it possible that Judge Keeton (ruled against MMS on mandatory Medicare assignment) and Judge Breyer (ruled against MMS on the appeal of mandatory Medicare assignment) could be wrong? That, in toto, the patients may be losing access to medical care? The axiom that justice is blind is true. In this case, it is deaf and dumb as well.

We were speaking of Western Massachusetts physician leadership in the past issue. Some of the membership has inquired as to who they are. Allow me to list them for you.

President Mass. Medical Society Dr. James G. Siragusa
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I am sure I have probably left some people out.

I would offer congratulations to Dr. Martin Broder, Chairman Department of Medicine at the Baystate Medical Center who spoke on "Costogenic Morbidity" at a symposium ponsored by Medicine in the Public Interest Foundation in Baltimore. More of us need to speak out about quality of care issues as the government tightens its belt and removes the safety net. Continue to monitor it and forward cases you feel worthy of documenting to our Quality Oversite committee chaired by Dr. Donald Higby. It is only through documented cases we can inform Congress and the State House.

I also testified on behalf of the Mass. Hospital Association at a Health Care Committee hearing in Springfield in support of H3479, the hospital association bill for health care financing. On the whole, it is worthy of our support.

At this time, I would like to inform the membership of my new responsibilities that will, under many circumstances, require many of you to step forward to represent us. We will need a cadre of dedicated members to develop expertise in Blue Shield, liability reform, alternative health care delivery systems, hospital interrelations, and politics. I have been appointed the Vice-Chairman of the American Urological Association's Socioeconomic Committee, to assume the Chairmanship in May of 1988. Representing the nation's 7,500 urologists in socioeconomic matters will take a great deal of my time. My sphere will, by necessity, be national legislation. I look forward over the next year to seeing my colleagues step forward and assume public leadership roles.

In closing, I would like to preview to you, our September 22nd District Meeting. Last year, we had, as you know, Mark Shields as our guest. The syndicated columnist charmed everyone with his wit and humor. It was our legislative awards evening. This years' program will also be a legislative evening with two guests. One is a physician who has run for Congress twice and keeps closing the gap on his oppponent. He is committed to physicians playing an active role in the community and government as well as maintaining a busy practice. Our other guest that evening, will be the Speaker of the House of Representatives of a major industrial state in this country, who as an attorney in a prestigious law firm has written and had passed major tort reform in his state.

> Wars may be fought with weapons, but they are won by men. It is the spirit of the men who follow and of the man who leads that gains the victory.
>
> George S. Patton
> Old Blood and Guts
> In the Calvary Journal
> September 1933

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"A Farewell"

Fenwick always impressed me as a struggling but well meaning bureaucrat who wore polyester suits and ate lesser quality TV dinners while awaiting a better chance at life. That's why I was so surprised to see him last week wearing a new Brooks Brothers suit and sporting well-fed healthy cheeks. Something had changed and I immediately approached him.

"Fenwick, my old friend, you have achieved the look of success. Tell me about yourself".

"Only for a minute, Stephen", he replied in a hurried mood, "I've got to get these progress reports to the Statehouse right away."

"You must have an important job" I said, "Who or what are you working for lately?"

"Not working for, my ardent admirer, working 'with' and directing 'what' he smugly replied as he searched the halls for uninvited ears. "You're a trusted friend and I think I can confide in you."

"Do tell," as I reached for my pad. "My lips are sealed."

"I have been picked as the director or C.T.F.F.O.U.P." A smile crossed his face briefly.

"Ctffoup is not only difficult to pronounce" I said, "It makes no sense to me."

He tightened his expression and spoke through his teeth. "The Commonwealth Task Force to Ferret Out Unwanted Physicians." He then exhaled and allowed himself to relax a little.

"I'm afraid I don't understand" I said in a concerned tone. "PLease enlighten me."

"There's no way you could understand, This is top secret stuff. I am sworn to secrecy, but I know I can trust you." He continued in a lower tone, "The Governor and the entire legislature have been concerned for some time about the perceived low quality of medicine in this state and devised a brilliant plan to upgrade the whole system. Just before he left to run for president, the Governor asked me to assume control and follow it through to completion. We have managed to coordinate the efforts of the state government, the liability insurance industry, and several successful lawyers to achieve our goal."

"Which is...?" as I led him on.

"Which is to create a situation in the medical community in which all doctors are challenged to survive. Those of the highest quality will naturally remain while the lessor ones will leave."

"Let's back up a little" I said in disbelief, "What convinced them all that things were so bad?"

"Are you kidding?" He was almost dumbstruck. "Have you noticed how many doctors are claiming their malpractice suits are frivolous and capricious? Most of them are defending themselves with a vengence. Why don't they learn to take their lumps like the rest of us?" He paused and thought for a moment. "I'd better keep my voice down."

I whispered back, "Egad, Fenwick, I never looked at it that way. Please go on."

"Don't you see", he continued, "by raising the malpractice premiums and holding down their incomes, the doctors who remain will be only those who altruistically desire to practice for good will, not money. It's an ingeneous plan and sure to work," His voice was climbing with enthusiasm.

"It's got to make the Governor look good and in the national polls."

"Quite right" I agreed, "Mind if I check this out?"

"Be my guest, but keep it all on the 'Q-T' if you know what I mean."

I had trouble contacting and meeting with J.C. Righteous, noted malpractice attorney, but finally managed to spend a few moments with him in the back seat of his Lincoln Limo.

"I understand you are involved in the overall plan to rid the state of unwanted physicians." I began, "Care to comment?"

"I may not be a doctor" he began, "but I used to hang around drug stores a lot. I see myself as a crusader for the common man." He paused to savor his thought and proceed to the next. "It is my civil duty to compensate all those

continued

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unsuspecting victims with the most I can get for them, after my 50% contingency fee, court costs etc. Many think of me as noble, but I prefer to say humbly that I see it as a dirty job, and somebody's got to do it. Now if you'll excuse me I have an appointment on my yacht." He opened the door for me as his chauffeur slowly pulled away toward the shore.

I made a hurried appointment with C.R. Hardcash, prominent insurance executive. He had to meet aboard the company Leer jet just before take-off to inspect some recent company real estate aquisitions. He consented to a brief, confidential interview.

We're all trying to do our part" he said. "On the one hand we're raising the malpractice premiums as fast as we can, and as secretly as we can; while on the other hand we have instructed our health insurance people to hold back on reimbursements to doctors by utilizing old fee schedules, prolonging payments, and increased paperwork. It seems to be working. God knows, were doing our best."

"You must have a problem explaining this to the public after the recent disclosure in Washington by the GAO that the property and casualty insurance industry earned $81.1 billion in the last decade and $19 billion alone last year." I mentioned this hoping he would be impressed that I read the papers.

"Hogwash!" he exploded, "don't you know yellow journalism when you read it my boy? We are hard at work building an American industry for the sake of this country. If we don't do this soon, you are going to find the good old U.S. of A. under the ownership of the Japs and Arabs. Can't you see the sense in this?"

I became meek and silent. "I suppose you're right. I just failed to think things through." I hate to be defeated by logic.

Duly impressed, I felt secure in the knowledge that the leadership of our state had demonstrated such thoroughness and direction. I mulled over these new concepts for several days when suddenly, like a court summons being served on me, I realized a thought which I was afraid would not have occurred to the others and I immediately called Fenwick and convinced him to meet me in a secluded place.

"I fear you may have missed something in your plan, my friend. I wanted to see you to give you my ideas."

"Your concern is appreciated, Stephen, what's the scoop?" He asked with half-hearted interest.

"What if the plan backfires? I mean, what if you squeeze the doctors so hard that all the good ones leave?"

He was smug, more so than I had ever seen him. "That just makes our job easier." he said with a wry smile.

"How so?" I shifted to the edge of my chair and lowered my voice. "We'll have no trouble spotting the 'unwanted physicians' " he whispered.

"Really"

"They'll be the only ones left."

The names in this article have been changed to protect the innocent. The name of the state has been witheld to protect from widespread panic.

Dr. Stephen E. Paul has practiced neurosurgery in Massachusetts for twelve years. He and his wife will be leaving the state on July 1, 1987.

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OBRA, Son of COBRA, Grandson of TEFRA

Perhaps you haven't noticed yet, but there is a new acronym in your life—OBRA, by name, for the Omnibus Budget Reconciliation Act of 1986. It became law with the President's signature Oct. 21.

If that occasions a spell of *deja vu,* a feeling that you already know all about OBRA, you're half-right. You do and you don't.

OBRA is the son of COBRA, which was enacted last April 7 as the Consolidated Omnibus Reconciliation Act of 1985. But, you may ask, how could an act passed in 1986 bear the designation 1985?

Because Congress never got around to completing the budget for the year beginning Oct. 1, 1985 until April of *this* year. It thought it had taken care of things with the Gramm-Rudman-Hollins Act passed last December. Gramm-Rudman attempted to place budget-making on automatic pilot—authorizing the bureaucracy to make automatic, across-the-board reductions if Congress failed to meet the annual targeted installment for reducing the deficit to the vanishing point in a few years.

Gramm-Rudman was the magic solution, congressmen thought, because they couldn't be held accountable for cutting programs dear to the hearts of constituents, just what they would need in an election year to avoid any blame for draconian reductions.

Most of that dream died when the Supreme Court said in early summer that Congress could not delegate budget authority to an unelected bureaucrat, certainly not to one who served at the pleasure of the Congress and would have had authority not only over the congressional budget but over the executive branch as well.

All of that is of less interest to physicians than the manner in which their lives are already being controlled by unelected bureaucrats. This is done by the device of the omnibus bill, usually hundreds of pages long and containing everything Congress did not want to legislate publicly and seperately. Such acts are called Christmas tree bills for the profusion of stuff hung on them.

The Christmas tree OBRA, needless to say, hits you again, although the exact manner in which it does so is yet to be determined. That is because OBRA defeats the constitution as effectively as Gramm-Rudman tried to do. Indeed, such bills as OBRA, COBRA and their common ancestor, TEFRA (the Tax Equity and Fiscal Responsibility Act of 1982), are really no more than supporting frameworks for rules and regulations to follow from HCFA.

If recent history is a reliable guide, OBRA will be festooned with all manner of regs published by HCFA in the Federal Register.

HCFA will, of course, claim statutory authority, but if you read the cited statute, you are left to wonder how the regs could possibly have been authorized by that wording.

Of course they aren't, not really. It's all the ultimate perfection of what is certainly the most shameless and cynical of sayings among Washington bureaucrats—"What we cannot do by legislation we can always do by regulation"

The Reagan Administration has succeeded, somehow, in convincing the public, and even many physicians, that it is deregulating the medical marketplace when in fact it is doing precisely the opposite. And it is not even a very adroit shell game, at that.

Thus, TEFRA begat COBRA, which begat OBRA. Still, the greatest problem is not such semi-legitimate pieces of Christmas tree legislation but rather all the illegitimate progeny spawned by HCFA outside of wedlock—the regulations, rules, orders and administrative directives, either published in the Federal Register or transmitted to fiscal intermediaries.

How does HCFA get by with a practice so transparently outside the legislative process? One way is that might, as always, makes right. There are only two countries in the world with budgets larger than that of the Health & Human Services. It is a bureaucratic empire deriving most of its authority from the age-old power of the purse.

But HCFA has another way. Each of the acronymic, omnibus horrors sanctifies all the bastards born since the last such bill. Here is one example among scores:

In June 1986, HCFA issued the fiat that discharge planning would be a condition of a hospital's participation in Medicare. Before anyone could test that in court, as being beyond the statutory authority of COBRA or TEFRA, OBRA ligitimized this action and made it part of the act.

OBRA, like its ancestors, did this in a number of other cases as well—ratifying, *ex post facto,* the statutory authority of rules and regs already handed down by HCFA as directives, HCFA legislates, Congress merely rubber stamps the *fait accompli.*

It is easy to see how this simple device, flagrantly defeating the whole concept of representative government, confers imperial status on HCFA far beyond anything that Gramm-Rudman would have done, even though the omnibus practice and that ill-fated law are clones of the same philosophy now rampant in Congress: to surrender authority to the bureaucracy because (1) the subject is too complicated anyway, and (2) that way there can be no effective reprisal at the polls, it being virtually impossible to connect any particular member of the House or Senate with a specific outrage.

The legislative process, or absence of it, is camouflaged by still another essential piece of deceptive statecraft, the Senate-House conference committee.

The conference committee, ostensibly charged with the responsibility of reconciling House and Senate versions of legislation, frequently writes entirely new provisions (although it will argue that this is not so, that the creation is a "compromise" drawn from the House and Senate versions).

Conference committees have thus become a kind of super-Congress, but with a distinct and dangerous difference—they meet in secret, their members' votes are not recorded by item, and the items are thus removed from the constitutional legislative process.

Thus we read in *American Medical News* (Nov. 7, page 51)

continued

a typical account of the dangerous practice:

"...The conferees threw out the physician payment plans that the House and Senate had agreed to earlier and in *a series of secret sessions* (emphasis supplied) concocted a proposal that became part of a final reconciliation agreement adopted with little real debate in either the House or the Senate..."

A conference committee has the added appeal of being held very late in a session or just before a recess, when congressmen are hankering to go home. The committee throws out blizzards of last-minute changes and fabrications on a take-it-all-or-leave-it-all basis. Naturally, Congress takes it, and usually all of it.

Effective opposition is impossible at this point. Perhaps AMA's Washington lobbyists have not had, in recent years, the defense record of earlier sessions. But any fair-minded physician would see that to tackle an omnibus bill at the 11th hour, after all the mutations and permutations have been jury-rigged in secret sessions, is somewhat akin to throwing yourself in front of a speeding locomotive pulling 100 carloads of scrap-iron—heroic, to be sure, but messy, and probably counter-productive.

Still, the conference committee and the omnibus bills (TEFRA, COBRA and now OBRA), as violative as they are of the democratic process, are not the worst of it.

The real horror is the sneaky HCFA practice of simply legislating whatever it pleases in the form of rules, regulations and directives. There can be no other word for the practice but "ukase," a product of the Russian system that has become synonymous with the act of promulgating laws with no pretense of their being passed by representative government.

For the past several years Congress has relied on the *omnium gatherum* bill, by whatever name it is called—continuing resolution, omnibus bill, Christmas tree, or perhaps most accurately, the "megabill." TEFRA, COBRA, and OBRA were all megabills, but there have been others in the last several years.

Rep. Willis Gradison, Ohio Republican, says megabills are both much harder to lobby and much harder to veto, adding to their charm to congressmen:

"We haven't passed a true Medicare-type bill in decades," according to this ranking member of the House Commerce Health Subcommittee.

Power corrupts, Lord Acton said; absolute power corrupts absolutely. HCFA has become an all-powerful city-state within the vast empire of HHS and rules pretty much as it pleases, by royal decree.

Nothing in your high school government class prepared you for this.

It is easy enough to say, as many physicians have said in recent years, that AMA lobbyists in Washington have been asleep at the switch.

The question then becomes: Where is the switch?

Wm. H. McDonald

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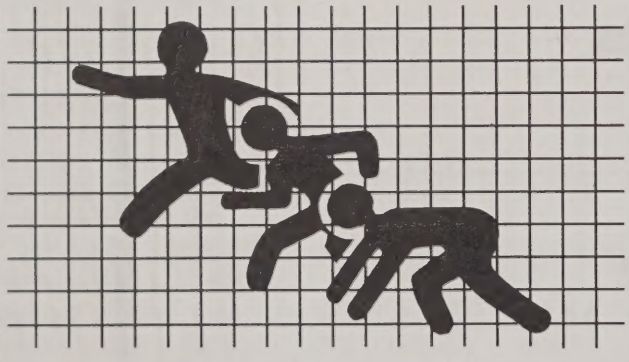

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Report of 1987 Annual Meeting

Dr. & Mrs. Jules R. Setnor 50 years in Medicine Awardee

The Annual Meeting of the Hampden District Medical Society was held on April 28, 1987, at Old Storrowtown Tavern in West Springfield and was attended by 120 physicians and guests.

Highlights of the Business Meeting included a slate of officers elected, headed by Gregory Slachta, M.D., President, Gordon Rich, M.D., Vice-President, William Walthall, M.D., Secretary, and John Remsberg, M.D., Treasurer.

The most significant discussion centered around the use of the Springfield Academy of Medicine Library by lawyers. It was decided that the use of this Library be limited to individual and sustaining members of the Society; non-members seeking information must be sponsored by a member in good standing. An ammendment to this was added stating that lawyers, seeking the use of the library, be charged a fee for the service.

After further routine business the meeting was interrupted by the cocktail hour and dinner, and resumed with the introduction of area hospital administrators - our invited guests. Dr. Jules R. Setnor, Dr. William R. Gregory, and Dr. J. Fletcher Wanson were honored as recipients of 50 Years in Medicine Award.

After reading a message from Dr. Siragusa, President Slachta introduced Dr. John Clowe, Vice-Speaker of the AMA's House of Delegates. Dr. Clowe gave a brief, but sympathetic message from the AMA stating that the AMA recognizes that Massachusetts was the "Beirut of American Medicine" and a bell-weather state, and was anxious to aid the political position of physicians in this state as much as they could. Dr. Clowe then went on to highlight some of the activities of the AMA, noting a White Paper on adolescent health which had pointed out that the only group of American people whose mortality has increased in the last decade is the 15 to 24 year old age group, and this has increased by 11%. The paper points out the severe drug problems, suicides (tripled in the past four years), and the 1 million teenage pregnancies 30,000 of them under the age of 14. The AMA has established a $1,000,000 fund to investigate ways in which to help solve these adolescent problems. Dr. Clowe also noted that the AMA was working hard in Washington to prevent DRG's from entering physicians' offices.

After Dr. Clowe's brief remarks, the main speaker, Dr. Howard Lang, Chairman of the AMA's Hospital-Medical Staff Section, spoke on a variety of issues this important section of the AMA confronts. Dr. Lang noted that the prerogatives and rights of physicians are about to be taken away, and that the Hospital-Medical Staff Section acted as a catalyst between hospitals and physicians while at the same time protected the physicians' independence and autonomy. Dr. Lang listed a wide variety of issues brought before the Hospital-Medical Staff Section, many of them involving the JCAH standards and defining the rights of hospital-medical staffs. He stated that their section had found a dangerous trend to consider medical staffs as nothing but extensions of the board of trustees of hospitals, a non-entity not entitled to legal representation or the rights; they have been fighting hard to get the right of self-governance of the medical staffs recognized. In doing this they have defended the recognition of medical staff by-laws as a contract between a medical staff and the trustees - administration requiring mutual accountability. He pointed out that many efforts in California to initiate change or circumvent medical staff by-laws have been identified and thwarted.

Dr. Lang concluded by stating that hospitals and medical staffs have been pushed into an adversarial position. The Hospital-Medical Section has sought to promote a cooperative attitude between hospitals and the medical staffs; however by cooperation they mean on the basis of equality and mutual accountability which is often lacking.

T.D.R.

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Around Hampden

It is sad to note that Dr. Steven Paul is leaving his neurosurgical practice in Holyoke and moving to a more hospitable state. Some of his thoughts on medical-political climate are featured elsewhere in this issue.

The Human Services Training Institute of Springfield College wishes us to announce that it will sponsor the 11th Annual New England Emergency Medical Training Seminar at the Springfield Marriot Hotel on October 23, 24, and 25, 1987. This seminar is hosted by the City of Springfield E.M.S. Commission and will include in its program Auto Rescue Program, M.A.S.T. Training, Alzheimer's Disease, Hazardous Material, Biofeedback, Pacemaker Failure, Medical Relations, Burns, and Crack Programs.

It is understood that James Egan, M.D. will be leaving the practice of Obstetrics and Gynecology to enter a Pediatric Fellowship in Neonatology at Baystate Medical Center.

The Medical-Religious Committee wishes to announce that its Annual Seminar will be held on September 30, 1987, at the Mercy Hospital. The title is to be announced.

Ingrid Schweiger, ED.D has won an award for Best Public Affairs Program in the State of Massachusetts in the Community Television Competition for the documentary "Teen Suicide". Dr. Schweiger can now be heard on 1270 AM WSPR on Thursdays, 12:00 noon to 1:00 on her new radio show, "Psych Talk".

The Pride in Medicine Contest winners were announced at a luncheon at the Northampton Hilton on May 6, 1987. The contest, innovated by Dr. Mike Magee, named Dr. Herbert R. Glodt of Pittsfield the winner and Paul Dagencourt, a third year medical student at Tufts University School of Medicine, as first place student winner. You may have seen Dr. Glodt's winning essay published in the AMA news last May. We hope to be publishing several other superb essays from this contest in up-coming issues.

Finally, congratulations to James J. Siragusa, M.D., (You know him as Gus.) who was elected President of Massachusetts Medical Society this spring. Gus is our first state president since Dr. John Ayers in 1974 to 1975. The following are Dr. Gus Siragusa's remarks at the Pride in Medicine luncheon.

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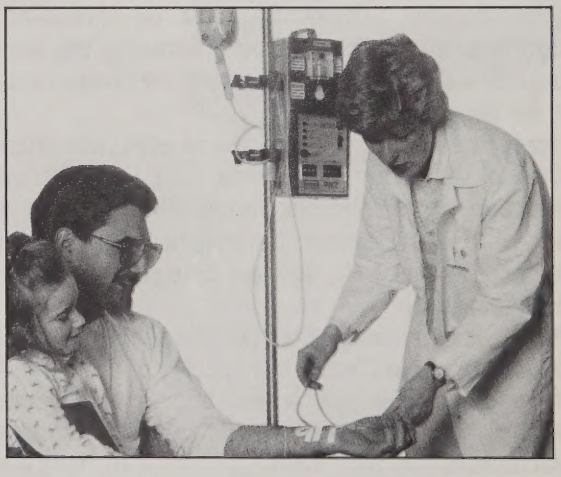

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II. Pride in Medicine

Dr. & Mrs. James J. Siragusa at "Gus' " inauguration as President of Mass. Medical Society

We should be proud of Dr. Mike Magee for his innovative planning of this "Pride in Medicine" program. The program is particularly timely at this point in the evolution of health care in Massachusetts.

I am particularly pleased that the hospitals of Western Massachusetts have supported Mike in his development of the program. We at a state level have an excellent rapport with the Massachusetts Hospital Association: we do not always agree on issues, but we always agree to keep our doors open.

We physicians and our hospitals are distinguished from other so called providers (such as insurors) by being the providers of direct patient care. We therefore share the glory for the best health care in the world but also share the blame for anything that goes wrong in the system.

Griping, my friends, is as American as Apple Pie. Not griping can be hazardous to your health. It is an appropriate pasttime for us to gripe to our spouses or even more appropriately to our legislators. But for us to gripe in public or to our patients is usually bad for our health. We have a responsibility to emphasize the positive in our verbiage with the public. That is what this program is all about.

We physicians live in rather strange symbiosis with a very liberal and socially conscious citizenry in this state. We choose to live as citizens in Massachusetts. We also choose to practice in Massachusetts because we are proud to be members of the best community of physicians in the world.

Dr. Magee has asked me to comment briefly on my priorities for the coming year. This program serves, indeed, as a very appropriate lead in to my priorities because they are, in fact, COMMUNICATIONS and HOSPITAL RELATIONS.

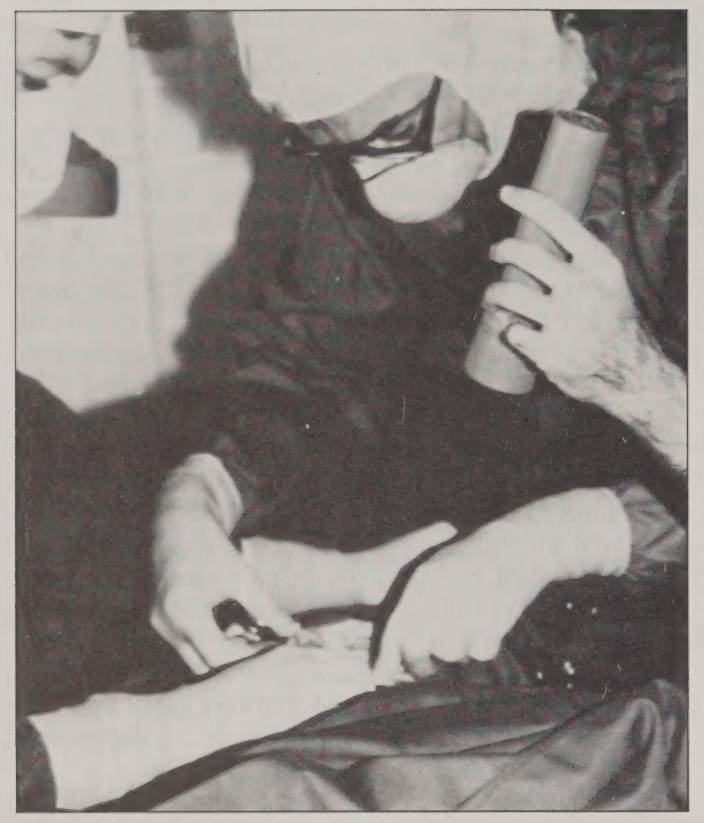
Dr. William McDermott, our Executive Vice President, and I have been critically studying our communications programs in the society and intend to devote much effort to improving them. We believe that communications are the key to linking up the strengths in our society so that we can become the most powerful political and social force in the state. This program is an inspiring example of the kind of dialogue and communications that can make that possible.

The superstructure or our State Society is the district societies which are so well represented here today. Unfortunatesly the districts are weakening. The hospital medical staffs are where the action is. Physicians are transferring their loyalty away from the districts to their medical hospitals. The way to strengthen both the medical staffs and the districts is to glue them together. I intend to work to effect that through our Society's Hospital Medical Staff Section.

The kind of support and cooperation from the hospitals that is evidenced in this program is needed by us physicians if we are to accomplish these linkages so that we can promptly and effectively re-mould our health care system in Massachusetts.

James J. Siragusa, Jr., M.D.

Million Dollar Vacation



Surgery by flashlight

The Christian Medical Society (CMS) is a North American organization based in Texas. The only early awareness I had of this group was a free Bible they gave me in medical school.

However, a very important branch of CMS is their Medical Group Missions (MGM) which sends volunteer medical groups, for usually two weeks trips, to countries mainly in the Caribbean, Central America and South America. I first learned of these trips from a talk by Bob Kasper when I was a surgical resident. I then went with him on a trip to Jamaica in 1984. Bob has now been on over a dozen projects and has become a leader in the CMS Program. Both Marshall Jordan and Michael Dehaan have been on projects as have others in the area.

My most recent venture with CMS was a trip to Ecuador made in April of this year. The trip was a "Medical-Surgical-Dental" trip consisting of about 60 Volunteers from all over the U.S. and Canada. The personnel consisted of 10 internist/family doctors, a pediatrician, 6 surgeons (including an orthopedist, a gynecologist and a plastic surgeon), 3 anesthesiologists, 4 dentists, 3 medical students, 19 nurses and about 15 general helpers. While this last group included many spouses or family of medical participants, there were several "unattached" non medical people who came along just to help in any way they could. While there is a definite christian orientation toward the project, the group consisted of people of many religions, backgrounds and degrees of faith, both christian and non christian.

The participants converged in Miami where the entire group was then flown with medical supplies to the Capital city of Quito. Equipment and medicine is usually very limited in the host countries, so everyone is urged to bring as much as possible with them. One anesthesiologist brought 17 large crates of equipment (all of which was used). Both Mercy Hospital and Baystate were very generous in lending me equipment. The Airlines are usually very good about waiving weight restrictions for overseas flights for these trips, (in fact one participant had his economy class ticket upgraded to first class when the ticket taker learned where he was going).

The first night was spent at a camp near Quito which was run by a delightful woman from the United States who had been a missionary in Ecuador for 25 years. She was also the project coordinator while we were there. The next day medical supplies were unpacked, sorted and the group was divided up into 3 smaller parts of about 20 each and sent to towns which would be our "bases" for the next 2 weeks.

My group went to Cayambe, a town of about 11,000 people at an elevation of 12,000 feet "nestled" in the foot hills of the Andes Mountains. This area was near the center of the earth quake which had hit Ecuador about a month prior to our arrival. Our group of 20 was again divided into 3 with a surgical/hospital based group and 2 medical/dental groups. These last 2 groups were sent each day further up into the mountains to treat the people in the villages. (Here the elevation was up to 15,000 feet—you could get out of breath picking up your stethescope the first day or so).

The hospital team was at a 30 bed hospital with 1 operating room. This was a clean, well kept up hospital, although poorly equiped. We worked closely with the hospital personnel during our 2 weeks and got tremendous cooperation from everyone, from nurses to administrators.

Our arrival had been announced over the radio and people generally started lining up for the clinics at 5 a.m.—3 hours before the doors opened. Several people we saw had made a 5-8 hour bus trip to come to the hospital for help. While initially all cases were scheduled, as the demand increased and time grew shorter, the difficult task of prioritization had to be made. Another room was made into a "spinal anesthesia" operating room and finally our equipment room became a local anesthesia room with lighting by flashlight.

Generally the O.R. started at 8 a.m. and went until 6 or 7 at night but 2 days we weren't finished until 10 at night. Cases included hernias, gall bladders, ulcer surgery and thryoid surgery for the general surgeon and congenital deformities, burn contractures and hand surgery in plastic surgery.

There is a tremendous feeling of cooperation which permits a great deal to be accomplished in a limited amount of time with limited equipment. Turnover times in the O.R. were generally 5-10 minutes. Instruments were washed or the floor scrubbed by whoever was available, nurse, doctor or general helper. When it became clear that there were many cases that could not be fit on the schedule, permission was asked of the hospital if we could operate on Sunday. When this was granted, several nurses and helpers were asked if they would be willing to come back to the hospital to help on one of the only scheduled days off they had. Everyone asked gave an

continued

unhesitaing yes.

The people of Ecuador had a quiet dignity which made it especially rewarding to try and help them. They were poor, but not destitute or hopeless. There was a genuine appreciation not only from the patients themselves, but the country in general. We were frequently stopped in the town and thanked for being there. In addition, we were given many small hand crafted gifts by grateful patients.

Bob Kasper frequently has said that a participant on one of these trips gains more than he gives. CMS calls these projects "a million dollar vacation". I would agree. These trips give one an opportunity to work very closely with a group of very fine people for very fine people. You learn a lot about the world, people and yourself.

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Thank You

Dr. Cecelia A. Bush has been named 1987 Citizen of the Year by the Quaboag Valley Chamber of Commerce. On Friday, April 10, 1987 Dr. Bush was honored at a dinner at the Valhalla Restaurant in Monson. Our Society sent a gift of flowers to Dr. Bush and the exceptionally beautiful thank you note below was received back. We wanted to share it with all our members:

April 14, 1987

Dear Fellow Physicians,

Thank you for the exquisite silk flower arrangement that beautified the dinner table on the occasion of the presentation of the 1987 Citizen of the Year Award by the Quaboag Valley Chamber of Commerce.

It will continue to live and bloom in my home, spared the survival battle of my over-watering.

For the past year, I have received a continuous out-pouring of gratitude and appreciation of my forty years in Family Practice. I wish I could somehow share it with you, so that in these difficult medical times you could take heart, especially the Obstetricians.

May the Hampden District continue to be the voice of the physician and the patient.

Sincerely yours,
Cecelia A. Bush, M.D.

Medical Ethics Forum

The Medico-Religious Committee of the Hampden District Medical Society wishes to announce the third annual medical ethics forum to be held on September 30th at the Mercy Hospital.

We are fortunate to have acceptance from two respected ethicists. Dr. Kathleen Nolan, who is a post doctorate fellow of the Yale Medical School in Pediatrics, is currently an associate at the Hastings Center. This is a leading ethical "think tank" for bio-ethical problems in this country.

In collaboration with Dr. Nolan will be Professor Robert Levine, a Clinical Pharmacologist, who is currently teaching at the Yale Divinity School. He is widely known as a consultant in bio-ethics. One of his recent assignments has been to serve on the Review Board for the medical facilities in the area in regard to research on human subjects.

The forum in past years has been well attended by a variety of area health professionals. We look forward to another worthwhile evening.

James G. Fitzpatrick, M.D., Chairman
Medico-Religious Committee

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Emmanuel G. Acosta, M.D.
271 Carew Street
Springfield, MA 01104

BORN: July 6, 1951
PREMED: U. of East Manila
MEDICAL: Aznar Memorial College, Phillippines 1973-77
INTERNSHIP: Hospital of Manila 1977-78
RESIDENDY: Booth Memorial, Queens, NY
Albert Einstein College of Medicine
SPECIALTY: Physical Medicine & Rehabilitation

Mary Jane Barchman, M.D.
759 Chestnut Street
Springfield, MA 01199

BORN: March 14, 1960
PREMED: Case Western Reserve
MEDICAL: Northeastern Ohio U. College of Medicine 1981-85
INTERNSHIP: BMC 1985-86
RESIDENCY: BMC 1986-present
SPECIALTY: Internal Medicine
RESIDENT

Michael J. Freeland, M.D.
759 Chestnut Street
Springfield, MA 01199

BORN: September 28, 1959
PREMED: Ohio U. 1978-79; Ohio State U. 1979-82
MEDICAL: Case Western Reserve U. 1982-86
INTERNSHIP: BMC 1986-present
INTERN

Daniel Hammond, M.D.
14 Chestnut Street
Ludlow, MA 01056

BORN: January 2, 1952
PREMED: U. of Mass, Amherst
MEDICAL: U. Alcala de Henares, Madrid, Spain 1975-81
INTERNSHIP: Wycoff Heights Hospital 1982-84
RESIDENCY: SUNY at Buffalo, Erie County Med. Center
SPECIALTY: Emergency Medicine

Daniel Smith, M.D.
271 Carew Street
Springfield, MA 01104

BORN: October 17, 1951
PREMED: Cornell U.
MEDICAL: Albany Med. College 1973-74; Tufts 1974-77
INTERNSHIP: Mt. Auburn Hospital, Cambridge, MA
RESIDENCY: Mt. Auburn Hospital 1978-80
SPECIALTY: Internal Medicine/Emergency Medicine

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continued from previous page

Carl P. Valenziano, M.D.
759 Chestnut Street
Springfield, MA 01199

BORN: May 6, 1951
PREMED: Manhattan College
MEDICAL: Autonomous University, Mexico 1974-78
INTERNSHIP: Union Memorial Hospital 1979-1984
RESIDENCY: Union Memorial Hospital
SPECIALTY: Trauma and Critical Care

Martin S. Gillieson, M.D.
BMC Department of OB/GYN
759 Chestnut Street
Springfield, MA 01199

BORN: August 9, 1945
PREMED: Epson College, Surrey, England 1958-63
MEDICAL: U. College Med. School, London 1963-68
INTERNSHIP: Barnet General Hospital, England 1968-69
RESIDENCY: Waikato Hospital, New Zealand 1969-70
Nat'l Women's Hospital, New Zealand 1970-71
Manitoba Health Services, Canada 1971-74
SPECIALTY: OB/GYN

Larry Litscher, M.D.
300 Stafford Street
Springfield, MA 01104

BORN: June 4, 1952
PREMED: Dartmouth College 1970-73
MEDICAL: McGill University, Montreal 1974-78
INTERNSHIP: Jewish General Hospital, Montreal 1978-79
RESIDENCY: SUNY Upstate Med. Cntr., Syracuse 1979-82
FELLOWSHIP: U. of FL, Gainsville, Ophthalmology 1982-83
SPECIALTY: Ophthalmology

Laura M. Nowosielski, M.D.
141 Main Street
Agawam, MA 01001

BORN: September 15, 1958
PREMED: U. of Michigan 1976-80
MEDICAL: U. of Ottowa 1981-85
INTERNSHIP: U of Ottowa General Hospital 1985-86
RESIDENCY: U of Ottowa General Hospital 1986-present
SPECIALTY: Family Medicine
RESIDENT

Michael H. Rosen, M.D.
2150 Main Street
Springfield, MA 01104

BORN: October 4, 1953
PREMED: Brooklyn College 1971-75
MEDICAL: Albert Einstein College of Medicine, NY 1975-79
INTERNSHIP: Montefiore Hospital 1979-80
RESIDENCY: Montefiore Hospital 1980-82
SPECIALTY: Internal Medicine, Hematology/Oncology

Robert Schreiner, M.D.
85 South Street
Ware, MA 01082

BORN: July 7, 1953
PREMED: Holy Cross, Worcester 1971-75
MEDICAL: Georgetown 1976-80
INTERNSHIP: St. Vincent's Worcester 1980-81
RESIDENCY: St. Vincent's Worcester 1981-83
SPECIALTY: Internal Medicine

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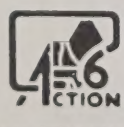

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As members of the medical professional community, you spend much of your time helping the ill and injured. There are segments of our community who are not necessarily "injured or ill" per se, but who have other problems that indirectly affect the quality of life for all of us. That is where the United Way comes in.

I am grateful to be assisted by your colleague, Dr. Ken McEwen. I hope you won't turn away when we call upon you later in the year.

Judge Sidney M. Cooley
Chairman, 1987 United Way
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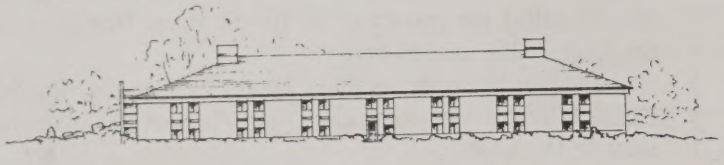

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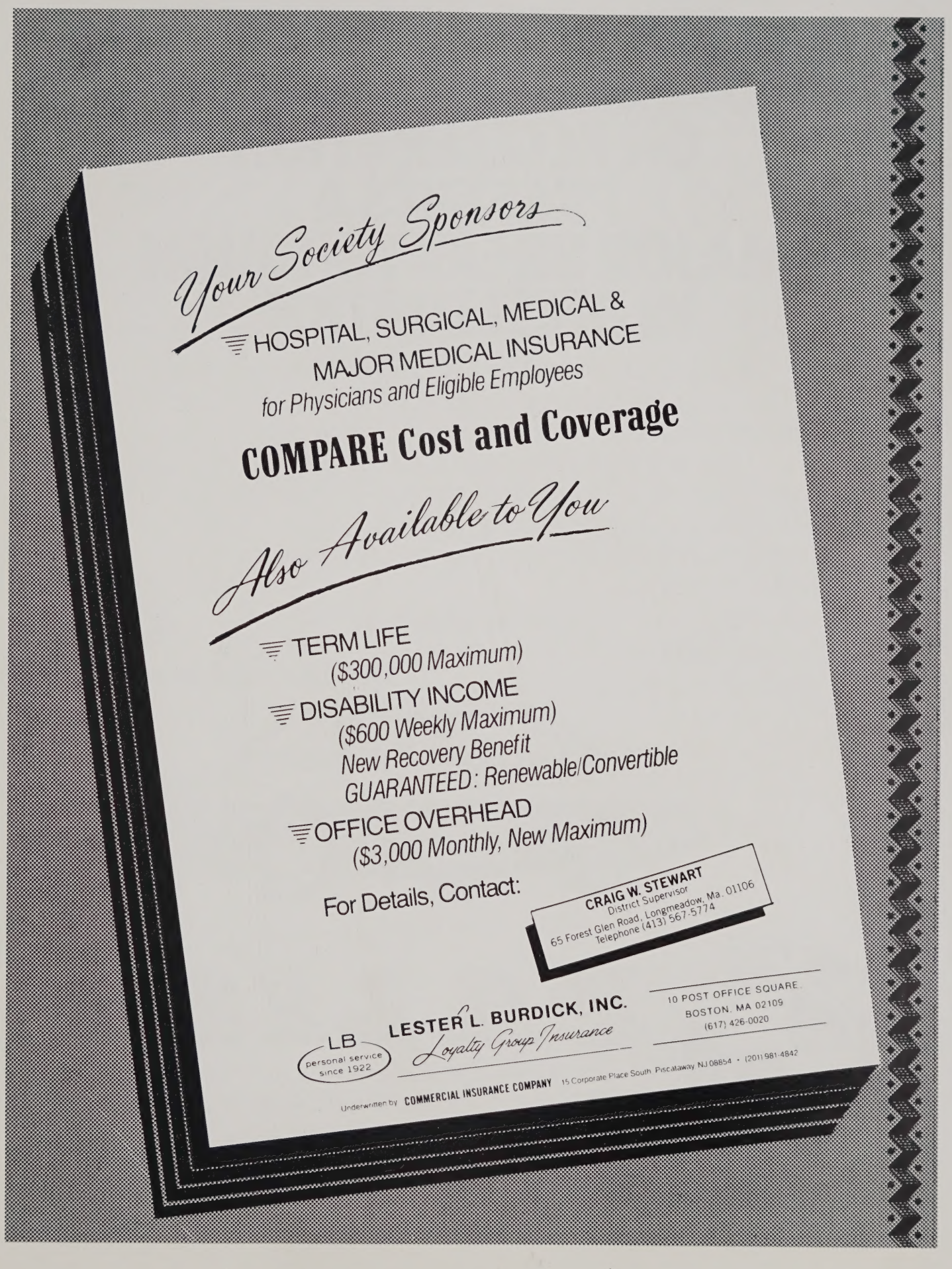
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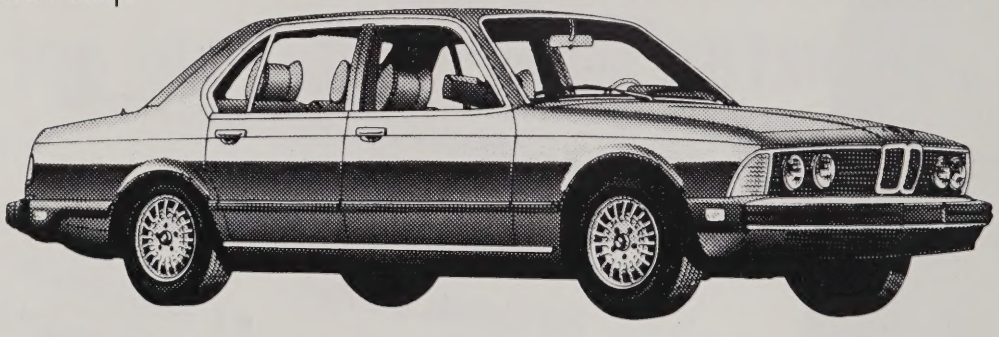

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